

ORDER FOR SUPPLIES OR SERVICES							PAGE OF PAGES
IMPORTANT: Mark all packages and papers with contract and/or order numbers.							1 3
1. DATE OF ORDER 01/29/2008	2. CONTRACT NO. (if any) HHSN263999900844B			6. SHIP TO:			
3. ORDER NO. HHSN26100003	4. REQUISITION/REFERENCE NO. 369732			a. NAME OF CONSIGNEE Anoushah Shokouhi			
5. ISSUING OFFICE (Address correspondence to) National Institutes of Health National Cancer Institute Bethesda MD 20892-7511				b. STREET ADDRESS 2115 E. Jefferson St. Suite 6000/Rm 6014			
				c. CITY Rockville		d. STATE MD	e. ZIP CODE 20852
7. TO: ANNA MARIE SCOTT				f. SHIP VIA			
a. NAME OF CONTRACTOR BOOZ ALLEN & HAMILTON INC:1107242				g. TYPE OF ORDER			
b. COMPANY NAME				a. PURCHASE REFERENCE YOUR: Proposal No. 01W2-0020		<input checked="" type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS 8283 GREENSBORO DRIVE				Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.		Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY MCLEAN		e. STATE VA	f. ZIP CODE 221023838				
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE Karri Mares 301-435-7774			
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS				g. SERVICE- DISABLED VETERAN- OWNED		12. F.O.B. POINT Destination	
13. PLACE OF a. INSPECTION Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 03/29/2008		16. DISCOUNT TERMS PROMPT PAY	
17. SCHEDULE (See reverse for Rejections)							
ITEM NO. (a)	SUPPLIES OR SERVICES (b)		QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	GSA Contract #: MULTIPLE SEE DESCRIPTION Admin Office: National Institutes of Health National Cancer Institute Bethesda MD 20892-7511 Continued ...						
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.	\$25,071.00	17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:						
	a. NAME OFM					\$25,071.00	
	b. STREET ADDRESS (or P.O. Box)	2115 E Jefferson St MSC 8500 Suite 4B 432			d. STATE MD	e. ZIP CODE 20892-8500	\$25,071.00
22. UNITED STATES OF AMERICA BY (Signature) ➤				23. NAME (Typed) PAMELA C. ROBBINS TITLE: CONTRACTING/ORDERING OFFICER			

SUPPLEMENTAL INVOICING INFORMATION

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of \$ _____ . No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided; contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been: inspected, accepted, received
by me and conforms to this contract. Items listed below have been rejected for the reasons indicated.

SHIPMENT NUMBER	PARTIAL	DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOVT REP.	DATE
	FINAL			
TOTAL CONTAINERS	GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

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DATE OF ORDER		CONTRACT NO.		ORDER NO.		
01/29/2008		HHSN263999900844B		HHSN26100003		
ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
1	Period of Performance: 10/16/2006 to 02/29/2008 caTissue ROI Study POP - 2 months from Date of Award Delivery To: 6014 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES Project Data: 120020.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS & INFORMATION.2512 MGMT PROF SPRT SVC OTHER.01/23/2008 Accounting Info: 08024920081DA0.2008.01.C100.HNC1D00000 C.E.00016.406.C283.2512.610001.9999.99 99.9999				25,071.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))